

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000042542Submit Date:2018-02-20FRN:0024968661Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:02/20/2018Filing Status:Active

Section I - General Information

1. Respondent

FRN Entity Name		Entity Name
	0024968661	McVey Entertainment Group, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
735 Burrell Avenue	Lewiston	ID	83501	+1 (208) 746- 2811	leemcvet@koze. com

2. Contact Representative

Name	Organization
Richard Carr, Esq.	J. Richard Carr Consulting, Inc.
	Zip

S	treet Address	City (and Country if non U.S. address)	State	Code	Phone	Email
-	5528 Trent Street	Chevy Chase	MD	20815	+1 (301) 656-7053	jrichardcarr@gmail.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	2	95	\$140.00
		·	·	<u>,</u>	Total	\$140.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Limited liability company	

(b) Provide the following information about this report:

Purpose	Biennial	
"As of" date	10/01/2017	
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.	

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
McVey Entertainment Group, LLC	0024968661

Fac. ID No.	Call Sign	City	State	Service
137	KOZE-FM	LEWISTON	ID	FM
140	KOZE	LEWISTON	ID	AM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Certificate of Organization	
Parties to contract or instrument	State of idaho	
Date of execution	08/2015	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Idaho limited Liability Company	

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

FRN	0024968661	0024968661			
Entity Name	McVey Entertainment Group,	McVey Entertainment Group, LLC			
Address	PO Box	PO Box			
	Street 1 735 Burrell Aven				
	Street 2				
	City	Lewiston			
	State ("NA" if non-U.S. address)	ID			
	Zip/Postal Code	83501			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
Positional Interests (check all that apply)	Respondent				
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt Plus)	0.0%			
	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information

Ownership Information		
FRN	0025202367	
Name	Angie R. McVey	

PO Box		
Street 1	735 Burrell Avenue	
Street 2		
City	Lewiston	
State ("NA" if non-U.S. address)	ID	
Zip/Postal Code	83501	
Country (if non-U.S. address)	United States	
Other Interest Holder		
LC/LLC/PLLC Member, Owner		
Citizenship	US	
Gender	Female	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	50.0%	Jointly Held? No
Equity	50.0%	
Total assets (Equity Debt Plus)	50.0%	
-	Street 1Street 2CityState ("NA" if non-U.S. address)Zip/Postal CodeCountry (if non-U.S. address)Other Interest HolderCitizenshipGenderEthnicityRaceVotingEquityTotal assets (Equity Debt	Street 1735 Burrell AvenueStreet 2735 Burrell AvenueCityLewistonState ("NA" if non-U.S. address)IDZip/Postal Code83501Country (if non-U.S. address)United StatesOther Interest HolderUnited StatesLC/LLC/PLLC Member, OwnerSGenderFemaleEthnicityNot Hispanic or LatinoRaceWhiteVoting50.0%Equity50.0%

Ownership Information

that do not appear on this report?

FRN	0025202334	
Name	Lee McVey	
Address	PO Box	
	Street 1	735 Burrell Avenue
	Street 2	
	City	Lewiston
	State ("NA" if non-U.S. address)	ID
	Zip/Postal Code	83501
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Owner	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural	Gender Male	

Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages Voting (enter percentage values from 0.0 to 100.0)		50.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	50.0%	
	Total assets (Equity Debt Plus)	50.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No
., .	nat any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes
hold an attributable interest the same market as any st filed, as defined in 47 C.F.I If " <u>Yes</u> ," provide information EITHER the subform OR the Respondents with a large nu submit should use the sprea	describing the interest(s), using e spreadsheet option below. Imber (50 or more) of entries to dsheet option.	No	
Spreadsheet format with the	on. For instructions on how to to complete this question		
If using the subform, leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.			
for each interest holder repo	tructions for detailed information		

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If " \underline{Yes} ," provide the following information for each such the relationship.

Family Relationships

FRN 0025202334 Name Lee McVey		FRN	0025202334	Name	
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Deletionship	0025202367 Name Angie R McVey	
Relationship Spouses	Spouses	

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

The licensee, McVey Entertainment Group, LLC, iis an Idaho Limited Liability Company. It has no parent company. The ownership consists of Lee and Angie McVey (spouses). Each is a Managing Member of the company and has a 50% interest.

Section III - Certification

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Managing Member Exact Legal Title or Name of Respondent: Managing Member Name: Lee McVey Phone: 2087462811 02/19/2018